AUSTIN DE TAGLE
1645 Parkside Ave
San Jose, CA 95125
(408)590-4838
Orlandosanchezdetagle@gmail.com
Pro Se Plaintiff

(5) IFP KD

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

C 24 03353 SVK

Austin de Tagle

Plaintiff(s),

vs.

Santa Clara County District Attorney's office

Defendant(s).

COMPLAINT

CIVIL RIGHTS ACTION

42. U.S.C § 1983

DEMAND FOR JURY TRIAL

N/C

PARTIES

1. Plaintiff

Name: Austin de Tagle

Address: 1645 Parkside Ave San Jose, CA 95125

Telephone (408) 590-4838

2. Defendant

Defendant 1:

Name: Olivia Mendoza

Address: 70 West Hedding St. West Wing

San Jose, CA 95110

Telephone: (408) 299-7400

JURISDICTION

3. This court has jurisdiction over this complaint because it arises under the laws of the United States. 42 U.S.C 1983 American Disabilities Act 1990. 42 U.S.C 1983 14th amendment (Invasion of privacy) 1331, 1332.

VENUE

4. Venue is appropriate in this court because both of the defendants reside in this district, and a substantial amount of the acts and omissions giving rise to this lawsuit occurred in the Northern District court San Jose Division. 28 U.S.C 1391

INTRADISTRICT ASSIGNMENT

5. This lawsuit should be assigned to the San Jose division of this court because a substantial part of the events or omissions which give rise to this lawsuit occurred in Santa Clara County.

STATEMENT OF FACTS

6. I attended my first hearing date in case C2314686 on December 14, 2023 in Judge Manley's court room.

7. I am have suffered from PTSD, Anxiety, depression, acute stress, neurological damage to my left side, one flash back, left ear injury that I suffered while in the military. This has all affected by brain.
8. I was forced to wear a GPS on my ankle in due part of the District Attorney Olivia Mendoza demanding I wear one, in her collaboration of deprivation of rights with Judge Manley
9. I did not consent to any orders other than the contract I signed for Supervised Own Recognizance.
10. Olivia Mendoza committed perjury while in court, falsifying that I was stalking Judge Estremera's children and that I had a firearm.
11. I was humiliated by what she was saying, there is no such charge of stalking nor I have I ever done that.
12. She lied as much as she could to make me look like a criminal and tarnish my reputation.

CLAIMS

First Claim

Name the law or right violated:

Invasion of Privacy

Name the defendants who violated it: Olivia Mendoza

13. District Attorney Olivia Mendoza was acting under the color of state law when she invaded my privacy by tracking my location.
14. I was petitioning the government Olivia Mendoza was using my location against me in retaliation.
15. I had no privacy at all with that ankle monitor on me, she had no right to invade my privacy.
16. District Attorney Olivia Mendoza went through my emails and google pictures and video that are all protected under the 14th amendment and used them against me.

Second Claim

Name the law or right violated:

American Disabilities Act 1990 Sec 12111

Name the defendants who violated it: Olivia Mendoza

17. This treatment by the district attorney has affected me tremendously.
18. My health was affected a lot, I was affected psychologically on a day to day basis not given the respect of my constitutional rights.
19. Suffering from mental health makes it difficult for me to maintain my happiness, I had no privacy going anywhere.
20. I was embarrassed to go to the gym and I stopped going to Dark Horse MMA gym because I felt so ashamed to know I was forced to wear a GPS and I was being tracked.
21. She has falsely accused me of crimes of I did not commit, this has put a lot of stress on me dealing with corruption.

Third Claim

Name the law or right violated:

American Disabilities Act 1990 Sec 12203

Name the defendants who violated it: Olivia Mendoza

22. In a hearing with no court reporter just two days after being in a haring with a court reporter with Johnny Alcala as my then attorney Olivia Mendoza gave testimony after I denied a plea deal of case dismissal.
23. My case was to be dismissed if I participated in an out patient mental health clinic for one year.
24. I am not guilty of a crime and gave testimony that I would not take the plea deal.

25. Olivia Mendoza retaliated and amended the complaint to add two more charges prior to dismissing herself from the case.

Fourth Claim

Name the law or right violated:

American Disabilities Act 1990 Sec 12188

Name the defendants who violated it: Olivia Mendoza

26. I ask for enforcement by the Attorney General to investigate the denial of rights.

Name the law or right violated:

American Disabilities Act 1990 Sec 12205

Name the defendants who violated it: Olivia Mendoza

27. I seek attorney fees in this matter.

DEMAND FOR RELIEF

I seek compensatory damages of $30,000,000.00 and having Olivia Mendoza disbarred

DEMAND FOR JURY TRIAL

Plaintiff demands a jury trial on all issues.

Respectfully submitted,

DATED: June 4, 2024

AUSTIN DE TAGLE

DISABILITY INSURANCE
PO BOX 637
SAN JOSE CA 95106-0637

2525XX10161

RETURN TO: ----->
DISABILITY INSURANCE
PO BOX 989605
WEST SACRAMENTO CA 95798-9605

Mailing Date
09112023

AUSTIN O SANCHEZ DE TAGLE
1645 PARKSIDE AVE
SAN JOSE CA 95125-3337

EDD Employment Development Department
State of California
(800) 480-3287

PHYSICIAN/PRACTITIONER'S SUPPLEMENTARY CERTIFICATE

EDD Customer Account Number (EDDCAN)	CLAIM ID	SSN/ECN	CED
	DI-1011-113-053	XXX-XX-2226	03-22-2023

Claimant Instructions: If you are still disabled, contact your physician/practitioner immediately for completion of the Physician/Practitioner's Supplementary Certificate which must be submitted within twenty (20) days of the mailing date shown above or you may lose additional benefits.

Instrucciones al Solicitante de Beneficios: Si Ud. aun sigue incapacitado, comuníquese con su Médico/Profesional (Medico) lo más pronto posible para completar el documento titulado en inglés "Physician/Practitioner Supplementary Certificate" el cual debe ser presentado dentro de un plazo de veinte (20) días de la fecha de envío indicada arriba o de lo contrario es posible que pueda perder beneficios adicionales.

Physician/Practitioner Instructions: For faster processing, the physician/practitioner may complete and submit this form online at www.edd.ca.gov. If this form is submitted online, you do not have to mail this form back to EDD. When completing this form, **PLEASE PRINT WITH BLACK INK.**

1. ARE YOU STILL TREATING THE PATIENT? ☑ YES ☐ NO DATE OF LAST TREATMENT 08072023

2. WHAT CURRENT CONDITION(S) CONTINUES TO MAKE THE PATIENT DISABLED? (DIAGNOSIS REQUIRED, IF MADE)

depression
anxiety
PTSD

3. DATE OF NEXT APPOINTMENT 11012023

4. ICD DIAGNOSIS CODE(S) FOR DISABLING CONDITION THAT PREVENT THE PATIENT FROM PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK (REQUIRED)

EXAMPLE OF HOW TO COMPLETE ICD CODES
ICD-9 320.1
ICD-10 G00.1

(Check only one box)
☐ ICD-9
☑ ICD-10

PRIMARY F43.10
SECONDARY
SECONDARY
SECONDARY

ADDITIONAL QUESTIONS ON FOLLOWING PAGES

2525XX10162

5. DESCRIBE HOW THE PATIENT'S PRESENT CONDITION/IMPAIRMENT PREVENTS HIM/HER FROM RETURNING TO HIS/HER REGULAR OR CUSTOMARY WORK.

NIGHTMARES
AUDITORY HALLUCINATIONS
DEPRESSION

6. WHAT FACTORS OR COMPLICATIONS ARE DISABLING THE PATIENT LONGER THAN PREVIOUSLY ESTIMATED?

LEGAL ISSUES ARE AN EXCARBATING STRESSOR

7. IF PATIENT WAS HOSPITALIZED, PROVIDE DATES OF ENTRY AND DISCHARGE TO

☐ CHECK HERE TO INDICATE THE PATIENT IS STILL HOSPITALIZED Not applicable

8. DATE AND TYPE OF SURGERY/PROCEDURE PERFORMED OR TO BE PERFORMED

9A. ICD PROCEDURE CODE(S) ☐ ICD-9 ☐ ICD-10 Not applicable

9B. CPT CODE(S) (DO NOT INCLUDE MODIFIERS)

10. CURRENT ESTIMATED DATE PATIENT (EVEN IF STILL UNDER TREATMENT) WILL BE ABLE TO PERFORM HIS/HER REGULAR OR CUSTOMARY WORK ("UNKNOWN," "INDEFINITE," ETC., NOT ACCEPTABLE)

11.01.2023

☐ CHECK HERE TO INDICATE PATIENT'S DISABILITY IS PERMANENT AND YOU NEVER ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK

11. WOULD DISCLOSURE OF THE INFORMATION ON THIS FORM BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT? ☐ YES ☑ NO

ADDITIONAL QUESTIONS AND SIGNATURE REQUIRED ON NEXT PAGE

2525XX10163

For Official Use Only
EDDCAN
Claim ID DI-1011-113-053
SSN/ECN XXX-XX-2226
CED 03-22-2023

12. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER	13. STATE OR COUNTRY (IF NOT U.S.A.) THAT ISSUED THE LICENSE NUMBER ENTERED IN QUESTION 12
C 5 4 3 9 5	STATE CA COUNTRY USA

14. PHYSICIAN/PRACTITIONER'S NAME

(FIRST)	(MI)	(LAST)	(SUFFIX)
SHAILI		JAIN	

15. PHYSICIAN/PRACTITIONER LICENSE TYPE	16. SPECIALTY, IF ANY
MEDICAL	PSYCHIATRY

17. PHYSICIAN/PRACTITIONER'S ADDRESS
MAILING ADDRESS, PO BOX, OR NUMBER/STREET/SUITE#

5855 SILVER CREEK VALLEY PLACE

CITY	STATE	ZIP OR POSTAL CODE	COUNTRY (IF NOT U.S.A.)
SAN JOSE	CA	95138	USA

18. COUNTY HOSPITAL/GOVERNMENT FACILITY ADDRESS
FACILITY NAME (IF APPLICABLE) as above

FACILITY ADDRESS, NUMBER/STREET/SUITE#

CITY	STATE	ZIP OR POSTAL CODE	COUNTRY (IF NOT U.S.A.)

Physician/Practitioner's Certification:

I certify under penalty of perjury that the patient is unable to perform his/her regular or customary work because of the listed disabling condition(s). I have performed a physical examination and/or treated the patient. I am authorized to certify a patient disability or serious health condition pursuant to California Unemployment Insurance Code Section 2708.

19. PHYSICIAN/PRACTITIONER'S ORIGINAL SIGNATURE – RUBBER STAMP IS NOT ACCEPTABLE

SIGNATURE

DATE SIGNED	AREA CODE/PHONE NUMBER
09/02/23	650 493 5000

Under sections 2116 and 2122 of the California Unemployment Insurance Code, it is a violation for any individual who, with intent to defraud, falsely certifies the medical condition of any person in order to obtain Disability Insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding $20,000. Section 1143 requires additional administrative penalties.

Refill Request Form

NO REFILLS REMAINING.

AUSTIN ORLANDO DETAGLE

ESCITALOPRAM OXALATE 5MG TAB

Rx# 40574900C Provider: SMITH K.

Date: 05/21/2024

TAKE THREE TABLETS BY MOUTH EVERY MORNING TO IMPROVE MOOD.

SAN JOSE, CA
3801 MIRANDA AVE
PALO ALTO, CA 94304
(800) 311-2511

Qty: 90 Fill: (4of4)

NO COPAY Days Supply: 30

Last Fill Date: Feb 01, 2025

Refill Request Form

AUSTIN ORLANDO DETAGLE

ESCITALOPRAM OXALATE 20MG TAB

Rx# 40599999 Provider: SMITH K.

Date: 05/23/2024

TAKE ONE TABLET BY MOUTH EVERY MORNING TO IMPROVE MOOD

SAN JOSE, CA
3801 MIRANDA AVE
PALO ALTO, CA 94304
(800) 311-2511

Qty: 90 Fill: (1of3)

NO COPAY Days Supply: 90

Last Fill Date: May 23, 2025 **2 REFILL(S) REMAINING BEFORE 5/23/2025**

Sign Here to Order Refill: _____

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA
HALL OF JUSTICE

FILED
MAR 06 2024
Clerk of the Court
Superior Court of CA County of Santa Clara
BY _____ DEPUTY

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

vs.

AUSTIN ORLANDO DETAGLE (03/06/1986),
5805 CHARLOTTE DRIVE APT. #A314 SAN JOSE CA 95123

Defendant(s).

AMENDED
FELONY COMPLAINT
CASE SUMMARY

DOCKET NO. C2314686

DA NO: 231119360
CEN
DWS972 AOD WARR 01/12/2024

CASE SUMMARY

Count	Charge	Charge Range	Defendant
1	PC76(a)	16-2-3	Austin Orlando Detagle
2	PC653m(b)		Austin Orlando Detagle
3	PC653m(b)		Austin Orlando Detagle
4	PC653m(b)		Austin Orlando Detagle
5	PC653m(b)		Austin Orlando Detagle
6	PC653m(b)		Austin Orlando Detagle

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA

HALL OF JUSTICE

THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff, vs. AUSTIN ORLANDO DETAGLE (03/06/1986), 5805 CHARLOTTE DRIVE APT. #A314 SAN JOSE CA 95123 Defendant(s).	FELONY COMPLAINT CASE SUMMARY DA NO: 231119360 CEN DWS972 AOD WARR

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